

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-014452  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 206

**FILED MAY 14 1962**

1. PLACE OF DEATH a. COUNTY <u>CAPE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CAPE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CAPE GIRARDEAU</u>		c. CITY OR TOWN <u>CAPE GIRARDEAU</u>	
Length of stay in 1b <u>5 MIN.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>SOUTHEAST MISSOURI HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 1 - WEST OF CAPE</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>EDWARD</u> Middle <u>DOOLEY</u> Last <u>PRESTON</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>3</u> Year <u>1962</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>APR. 3 1878</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>8</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOOK KEEPER (RET.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PRESTON NEON SIGN CO.</u>		11. BIRTHPLACE (City and state or country) <u>STANBERRY, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>THOMAS JEFFERSON PRESTON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY TRUEX</u>	
14. NAME OF HUSBAND OR WIFE <u>EARY JUANITA PRESTON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW II</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>RODNEY T. PRESTON - Rt. 1 - CAPE GIRARDEAU, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>8:20</u> a.m. <u>P.M.</u> Month, Day, Year <u>7-12-61</u> to <u>5-3-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>CAPE GIRARDEAU</u>	
20g. COUNTY <u>CAPE</u>		20h. STATE <u>MISSOURI</u>	
21. I attended the deceased from <u>7-12-61</u> to <u>5-3-62</u> and last saw him alive on <u>12-13-61</u> Death occurred at <u>8:20 P. M.</u> on <u>5-3-62</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>Charles F. Wilson, M.D.</u>		22b. ADDRESS <u>714 Broadway, Cape Girardeau, Mo.</u>		22c. DATE SIGNED <u>5/8/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAY 6, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>CHAFFEE, Missouri</u>		23e. DATE RECD. BY LOCAL REG. <u>5-8-1962</u>		23f. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
24. FUNERAL DIRECTOR <u>BISPHINGHOFF FUNERAL HOME - CHAFFEE, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
  
10168  
201602  
  
3  
4 0  
5 2  
6  
7 0  
8 0  
9 4200  
10  
11  
12 3-0  
13 1-0

SEP 27 1962

APR 2 1963

JUN 11 1963

SEP 27 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jack T. Burnett

Licensed Embalmer, No. 4473

P. O. Address Chaffee, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.